



**THE LAW SOCIETY OF UPPER CANADA  
RULE 6.07 APPLICATION  
LAWYER LICENSEE APPLICANT'S INFORMATION**

***Instructions:*** Complete all sections. Provide additional information on separate sheets if required.

**Ensure you have enclosed a non-refundable payment in the amount of \$200 + HST using the Rule 6.07 Application Remittance Slips.**

**FOR THE PURPOSES OF THIS APPLICATION A FORMER OR REVOKED OR SUSPENDED LAWYER LICENSEE INCLUDES:**

Any person who, in Ontario or elsewhere, has been disbarred and struck off the Rolls, has had his or her license to practise law or to provide legal services revoked, has been suspended, has had his or her license to practise law or to provide legal services suspended, has undertaken not to practise law or to provide legal services, or who has been involved in disciplinary action and been permitted to resign or to surrender his or her license to practise law or to provide legal services, and has not had his or her license restored.

**PART A – APPLICANT INFORMATION AND STATUS**

<b>PERSONAL INFORMATION</b>	<b>STATUS (choose one)</b>
First Name: _____  Middle Name(s): _____  Last Name: _____  Date of Birth: ____/____/____ DD MM YYYY  I was licensed in Ontario on: ____/____/____ DD MM YYYY Law Society Number: _____	<input type="checkbox"/> A sole practitioner, practising alone in Ontario <input type="checkbox"/> A sole practitioner, practising in Ontario with one or more lawyers as employees <input type="checkbox"/> A sole practitioner, practising in Ontario with one or more lawyers in shared facilities <input type="checkbox"/> A partner in a law partnership in Ontario <input type="checkbox"/> An employee/associate in a law firm in Ontario <input type="checkbox"/> Corporate Counsel Insured by LawPRO <input type="checkbox"/> Corporate Counsel Not Insured by LawPRO <input type="checkbox"/> Employed by Legal Aid Ontario or a community legal clinic <input type="checkbox"/> Employed in government in Ontario <input type="checkbox"/> Employed in education in Ontario <input type="checkbox"/> Employed other, in Ontario <input type="checkbox"/> A lawyer practising law outside of Ontario <input type="checkbox"/> Employed other, outside of Ontario <input type="checkbox"/> Emeritus lawyer providing pro bono legal services through Pro Bono Law Ontario <input type="checkbox"/> Not working or on parental leave or unemployed <input type="checkbox"/> Suspended
<b>EMPLOYMENT INFORMATION</b>	<b>HOME AND MAILING ADDRESSES</b>
Employer's Name: _____  Employer's Address: _____ _____  Business Number: ( ) _____  Facsimile Number: ( ) _____  Email Address: _____  Occupation: _____	Home Address: _____ _____ _____  Mailing Address: _____ (if different) _____  Home Number: ( ) _____  Facsimile Number: ( ) _____  Email Address: _____

**PART B – APPLICANT’S MAIN AREAS OF PRACTICE**

Provide information about the main areas of your practice	
(percentage of total time)	
_____ % Administrative Law	_____ % Civil Litigation
_____ % Corporate Commercial Law	_____ % Criminal Law
_____ % Family Law	_____ % Industrial/ Intellectual Property
_____ % Labour Law	_____ % Real Estate Law
_____ % Tax Law	_____ % Wills and Estates Law
_____ % Other (specify)	

**PART C – WORK HISTORY**

Provide a description of your legal work history and employment. Include information regarding your practice status (e.g. sole practitioner, partner, associate).		
Employer/Firm Name	Describe your Work History	Dates From/To
	Position Title: Description of work:	<i>DD/MM/YY – Present</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/YY</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/YY</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/YY</i>
	Position Title: Description of work:	<i>DD/MM/YY – Present</i>





**PART E - YOUR LAW OFFICE AND SUPPORT STAFF**

Provide information about your law office and support staff.

***In relation to your law office:***

Do you have more than one office location?

YES     NO

Do you share office space with anyone else, if so whom?

YES     NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the former or suspended licensee have their own office, telephone line, etc?

YES     NO

***In relation to your support staff:***

Describe the number of staff and their basic functions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you share staff with anyone else?

YES     NO

Are there other lawyers in your firm?

YES     NO

What contact will they and/or your staff have with the former or suspended licensee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**PART H-PLAN OF SUPERVISION**

Provide a detailed description of your Plan of Supervision for the former or suspended licensee.  
*(Provide an attachment)*

**YOUR PLAN OF SUPERVISION MUST INCLUDE:**

- **Intended areas of practice and nature of tasks to be performed.**
- **Other intended non-legal tasks and functions.**
- **Former or suspended licensee’s reporting procedures.**
- **Applicant licensee’s monitoring and evaluation procedures.**
- **Law office accounting record safeguards.**
- **Disclosure to office staff and occupants.**
- **Disclosure to clients and to other lawyers.**
- **Other relevant information.**

**ACKNOWLEDGEMENT REGARDING PLAN OF SUPERVISION**

I acknowledge that the proposed plan accurately reflects the areas of practice in which tasks will be delegated to the former or suspended licensee, and, the nature and types of tasks to be performed within each area. I acknowledge that I will ultimately be called upon to undertake to follow and comply with the final Plan of Supervision, as approved by the Hearing Panel and that I will be responsible for adherence to this plan.

*(Note that under Rule 6.07, the final Plan of Supervision will be provided by the Law Society to any person who submits a request to obtain it.)*

\_\_\_\_\_  
*Signature of Applicant Licensee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Witness's Signature**

\_\_\_\_\_  
**Witness’s Name (Printed)**



**PART I - ACKNOWLEDGEMENT & CERTIFICATION**

**I acknowledge that in the course of considering this application, the Law Society will review the records maintained by the Law Society, particularly records in connection with my errors and omissions insurance, professional standards, professional conduct, accounts and books and records.**

**I understand that I am required to place a notice, at my own expense, in the *Ontario Reports* that indicates I have applied under Rule 6.07 to employ the former or suspended licensee named in this application. Such a notice is to contain a statement that the Plan of Supervision in place can be obtained by submitting a written request to the Law Society.**

***If permission is granted, I acknowledge that I am required to report quarterly to the Law Society regarding adherence to the Plan of Supervision and conditions. Each report must be accompanied by a fee of \$50.00 + HST and is due within 15 days of the end of each quarter.***

**CERTIFICATION**

**I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.**

***Signed at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.***

\_\_\_\_\_  
***Signature of Applicant Licensee***

\_\_\_\_\_  
***Signature of Witness***

\_\_\_\_\_  
**Witness's Name (Printed)**

**NOTE:**

It is a significant responsibility for a licensee to employ, use the services of or occupy office space with a former or suspended licensee. In making a determination, the Hearing Panel will have regard to the experience, competence and ethical standards of the applicant; the ability of the applicant to effectively supervise the former or suspended licensee; and, the character, attitudes and abilities of the former or suspended licensee. The Hearing Panel may consider and review any relevant information, including the records maintained by the Law Society in connection with the applicant member or the former or suspended licensee.

Applications are generally approved for a defined term of three years at which time the application maybe renewed or the applicant may be required to re-apply.

Please ensure that you have enclosed the application fee for \$200.00+HST.

## Authorization and Direction to LawPRO to release information

I, \_\_\_\_\_, of \_\_\_\_\_, hereby authorize and direct LawPRO to provide full disclosure to the Law Society of Upper Canada with respect to claim file information and deductible details.

This Consent is valid only for the purposes of the processing of my application to supervise a former/suspended licensee under Rule 6.07 to the Law Society of Upper Canada.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant Licensee

\_\_\_\_\_  
Witness's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date